

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Scotland
Township Mt. Pleasant
City (No.)

Registration District No. 948
Primary Registration District No. 6058

File No. 28503
Registered No. St. Ward

2. FULL NAME

Lee Junior Pierce

(a) Residence. No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

June 24 - 1931

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

2

1

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Scotland Co

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Lee Rollin Pierce

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Scotland Co., Mo

12. MAIDEN NAME OF MOTHER

Jennie Idell Dalton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Scotland Co., Mo

14.

INFORMANT Lee Rollin Pierce

(Address) Greensburg Mo

15.

FILED Sept 11 1933

Matthae Lancaster

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Aug 11 - 1933

17.

I HEREBY CERTIFY, That I attended deceased from July 31

1933 to Aug 9 - 1933

that I last saw him alive on Aug 8 - 1933, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cholera Infantum

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. E. Symmonds M. D.

, 19 (Address) Memphis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL**DATE OF BURIAL**

Bible Grove

Aug 12 1933

20. UNDERTAKER**ADDRESS**

Erth W. Pasch Memphis

